

Document Page 1 of 1
341 INFORMATION REQUEST FORM

19-17374

Bankruptcy No.:

Today's Date:

Name of Debtor:

Current Address of Debtor:

Name, Address & Phone

Number of Employer(s):

Date Employment Started:

Domestic Support
Obligation(s):(check the statement that
applies to you.)

I am not required to pay any Domestic Support Obligations, or

I am required to pay Domestic Support Obligations and I have paid any
amounts payable under a Court Order or Statute that were due on or before
today's date - complete section below, orI am required to pay Domestic Support Obligations but I have not paid all
amounts due under Court Order or Statute as of today's date - complete
section below.

I make Domestic Support Payments to:

Reason for Support Payments (i.e. child support, alimony)

The information I have provided above is true and correct to the best of my knowledge and belief. I AUTHORIZE THE STANDING TRUSTEE TO INCLUDE MY FULL SOCIAL SECURITY NUMBER WHEN PROVIDING THE WRITTEN NOTICE REQUIRED BY 11 U.S.C. §1302((d)(1)(B)(i) TO THE STATE CHILD SUPPORT ENFORCEMENT AGENCY.

Debtor's Signature